



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:09 am, Feb 09, 2016

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500225	NAME OF AGENCY Trenton Police Department	DATE OF INSPECTION 02/04/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 610 Main Street, Trenton, Missouri 64683		TIME OF INSPECTION 15:15:27

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

DATE AND TIME <u>02/04/2016 15:15:29</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>42.8°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETER</u> LOT # <u>AG426202</u> EXP. DATE <u>09/19/2016</u>	
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIMULATOR SN _____ SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

- ☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.099	TEST 2: 0.099	TEST 3: 0.098
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☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 0	.05-.09: 0	.10-.14: 0	.15-.19: 0	OVER .19: 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

Unit was serviced at MO Safety Center on 02/04/2016.
Maintenance Test done at Trenton PD and
unit placed back in service.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME MATTHEW W PRESTON	
TYPE II PERMIT NUMBER 240413	EXPIRATION DATE 11/20/2016	TELEPHONE NUMBER 660-359-5557

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services
Southeast District Office
2875 James Blvd, Poplar Bluff, MO 63901



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

MATTHEW W PRESTON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/20/2014

NUMBER 240413

EXPIRES 11/20/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator PRESTON, MATTHEW
Permit No 240413
Date Issued 11/20/2014 Date Expires 11/20/2016



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 8-Jul-2014

Lot # AG418902

Exp. Date

8-Jul-2016

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (260 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2014.07.08 16:23:57 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Peter Lyskowski
Director



Jeremiah W. (Jay) Nixon
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2739 Manufacturer: Guth
Model Number: 10-4D
Agency: TRENTON PD
Agency Address: 610 MAIN ST., TRENTON, MO 64683

NIST THERMOMETER INFORMATION

Serial Number: 093752 Bias: 0.00
Uncertainty: 0.017
Date of Certification: 9/8/2015 Date of Expiration: 9/8/2016

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	33.98	0.020

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 2/4/2016
Certification Expiration: 2/4/2017
Simulator testing technician: R. WELSH

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE
Certification No: SD2739_242016

X 

DHSS BAP Scientist Approving

Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMULATOR TEST WORKSHEET

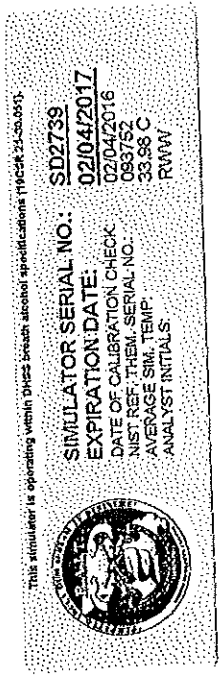
Test Simulator Information

Agency: TRENTON PD
 Agency Address: 610 MAIN ST.
 Email for COC: M. PRESTON@TRENTONMO.COM
 Serial Number: SD 2739
 Manufacturer: GUTH Model: 10-4D
 Notes on Condition: NORMAL
 O rings checked? ☒ yes Replaced? ☐ yes ☐ no
 Container checked? ☒ yes Replaced? ☐ yes ☐ no

NIST-Traceable Reference Thermometer Information

Serial Number: 093752
 Date of Certification: 09/08/15
 Date of Expiration: 09/08/16

COPY OF LABEL PLACED ON SIMULATOR



Test Simulator Measurements

Check Measurements		
Readings	Reference Thermometer (°C)	Test Simulator (°C)
1	33.98	34.0
2	33.99	34.0
3	33.98	34.0
4	33.99	34.0
5	33.98	34.0
Bias (δ_T)	-0.02	

Adjustment Measurements (if needed)		
Readings	Reference Thermometer (°C)	Test Simulator (°C)
1		
2		
3		
4		
5		
Bias (δ_T)		

- ☒ Environmental conditions during testing within tolerances of DHSS BAP method 3.
☒ This simulator is within DHSS BAP method 3.

Deviation(s) from Standard Method: N/A

Reason(s) for Deviation(s): N/A

Technician performing testing: ROBERT WELSH

Position of technician: PROG. MANAGER

I hereby certify that all data submitted within this form was collected in accordance with the DHSS Procedure for the Testing of Breath Alcohol Simulators and 19 CSR 25-30.051, Breath Analyzer Calibration and Accuracy Verification Standards.

Signature: [Signature]

Date: 02/04/2016

Submit completed forms for simulator certification to DHSS Breath Alcohol Program by fax at (573) 840-9139 or by email at brian.lutmer@health.mo.gov, ellen.strawsine@health.mo.gov or breathalcohol@health.mo.gov.